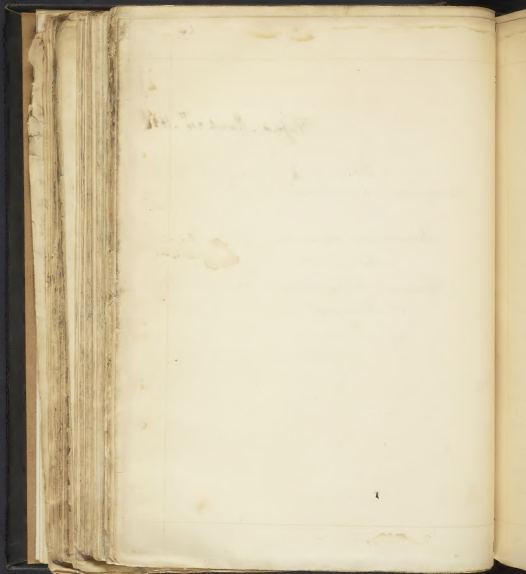
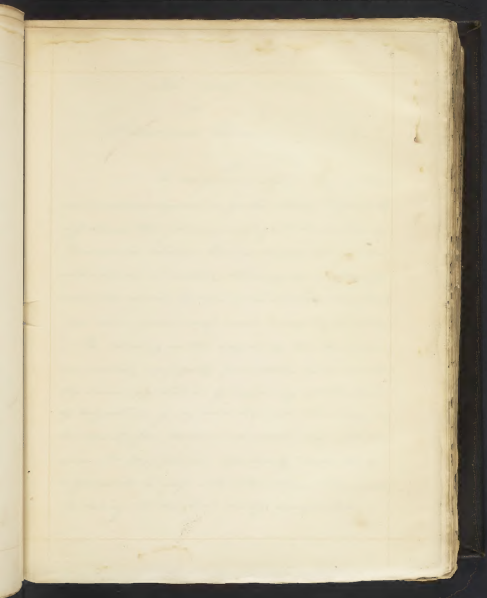


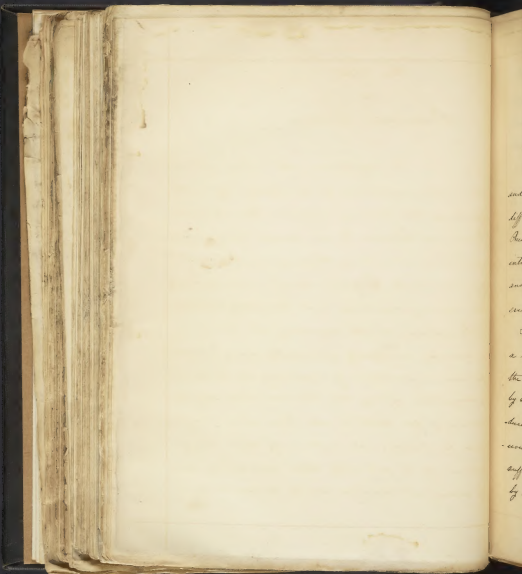
Papers March 24<sup>th</sup> 1846

An  
Inaugural Dissertation  
on  
Pneumonia Villosa.  
By  
Alexander M. Linnent. A.B.  
of Virginia.

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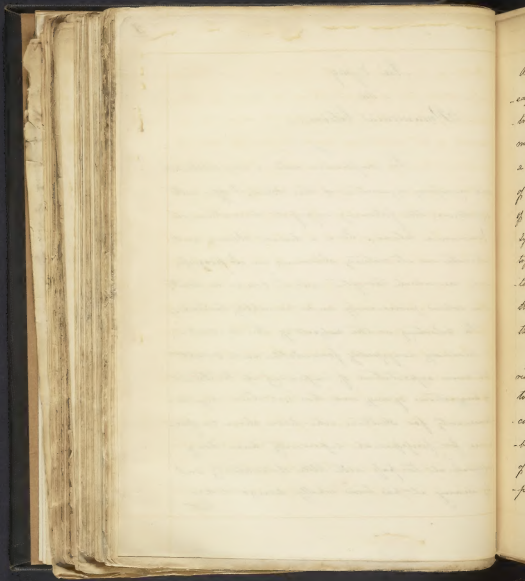


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An Essay,  
on  
*Pneumonia biliosa.*—

In compliance with a long established and necessary requisition of this School, I offer with diffidence, the following imperfect observations on *Pneumonia biliosa*. It is a disease, obscure and intricate in its nature, alarming in its progress, and one which too often ends its course in death, even when judiciously and promptly treated.

In selecting as the subject of this Dissertation, a malady, confessedly formidable and occult, the vain expectation of improving its treatment by suggestions of my own, has not been my inducement; for Authors who have shown conspicuous for professional superiority, have long suffered it to pass with little observation, and by many it has been wholly disregarded—  
but,



But my intention in the selection was the knowl-  
 -edge, that the subject stood in need of illus-  
 -tration, and that it might be divested of  
 much of its intricacy and difficulty, even by  
 a description of the most striking Characteristics  
 of the disease, as it prevails in different parts  
 of our extensive Country, by giving something of  
 systematic arrangement to the whole subject,  
 together with an enumeration of the most impor-  
 -tant remedies advised by others as best suited to  
 the indications, and a proper explanation of  
 their *Modus Operandi* in removing the Complaint.

I reflected moreover, that although my inexpe-  
 -rience would prevent my making Contributions  
 towards the cure; I should be enabled to ac-  
 -complish the chief Object of the Essay, by describ-  
 -ing the disease as it prevails in that Section  
 of Virginia in which I resided, and where op-  
 -portunities of Observation have enabled me  
 to.

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to give a more accurate delineation of its features,  
together with a more correct view of its causes,  
symptoms, and cure. —

When speaking of the treatment of this disease,  
I shall find it necessary to refer to the prac-  
tice of others; and although their opinions may  
be opposite and discordant, and their modes  
of practice very different, the course deduced from  
them may notwithstanding be correct. In as-  
much, as I shall present such plan of treat-  
ment alone, as appears most consonant with  
sound reasoning and a knowledge of the hu-  
man system, and of all the remedies derived  
from them, offer such only, as the most promi-  
nent indications seem to require, and such  
as are not incompatible with the pathogen-  
etic symptoms of the disease. —

The Elixir which I am about to offer will, I doubt  
not be found deficient; but I hope it will  
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be more as regards the manner in which it is written, than the remarks which it contains. And that it will be remembered by the learned Individual under whose examination it must pass, that it is offered in conformity to a law of the University; and that the observations even of a Tyro in the Medic. Art. (though roughly written) if correctly made, are not always unimportant. Since a correct knowledge of diseases is in the present, occult, undefined, and complex in their nature, can only be acquired by consulting the contributions of many.

Of all the species of Symplesmatic, *Medicinis*, bilious fevers, though by no means the least dangerous, has been most neglected by the Librarians of the profession. And indeed the few accounts given of it by Practitioners, are so discrepant and indistinct, that they tend rather to obscure than elucidate the Subject.

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This contrariety of opinions, has originated from various causes. From other diseases having been mistaken by physicians for Pneumonia biliosa; on account of their meeting with symptoms in some other complaint, which they deemed characteristic of this. Thus many have termed every case of pleurisy where the sputa were thin and yellow, bilious pleurisy. — Different and opposite opinions with respect to the proper treatment of this Complaint, have arisen from erroneous impressions formed concerning its pathology. — These pathological errors have been taken up concerning pneumonia biliosa; from the various appearances which it has assumed when under the influence of different seasons or situations, and when diversified, by difference of climate and degree of temperature. Thus in cold climates, the inflammatory diathesis is most apt to prevail, and the pleuritic

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symptoms to predominate over the hepatic. -  
Whereas in countries which are hot and better  
suited to the production of miasmatic phala-  
tosis, the bilious symptoms commonly hold  
the ascending, and the disease assumes more  
of the typhoid appearance. - In illustration of  
this, the disease in the southern States of our own  
Country, almost always bears the typhoid type,  
and is never so inflammatory as it is known  
to be in the North.

This disease in our theory, is subject to the  
modifications of a variety of causes, and it is  
in the manner mentioned, that such discrepan-  
-cy of opinion, has originated concerning it. -  
Physicians remaining in the dark respecting  
its pathology, have accordingly bestowed on  
it improper appellations, which are generally  
more expressive of its prevailing type in different  
climates, or parts of a country, than of its real  
- Character.

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Character. Thus many have denominated it Pneumonia Typhoides, when the typhoid symptoms were prevalent, believing, that the general affection of the system was always that of typhus fever, which in some cases was attended with inflammation of the pleura, and in others of the Brain, or other parts of the body. In the Southern States, where it is usually attended by violent pains in the head, it is termed by the vulgar, pleurisy of the head. It has also been called by various other names, such as, Typhus peripneumonia, Malignant Pleurisy, bilious Epidemic fever and many others, all of which have had no other tendency, than to involve the subject in greater obscurity and doubt. —

It is thus way that we are enabled to account (perhaps correctly) for a fact which would otherwise appear almost inexplicable: viz that a highly dangerous disease, should have existed  
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Coeval with the first settlements of our Country,  
and should even now, in this enlightened age,  
claim with unrestrained and distinct power,  
its unnumbered victims in a Land, on which  
the Sun of Medical Science shines with peculiar  
brightness; And where its benignant rays, are  
fast dispelling from our glorious Soil; the Clouds  
which Ignorance, Empiricism, and Superstition  
have thrown around it. —

Pathological remarks The fact is well known to  
Physicians, that any irritating Cause, which  
greatly deranges the Stomach and bowels, will  
in many cases occasion pain in some part  
of the side. The pain is frequently met with in  
a slight degree, and unattended by cough or fever,  
so as scarcely to attract attention. In some in-  
stances however the irritation has proved suf-  
ficient to produce all the symptoms of Pleu-  
moxia. In confirmation of this, cases might be  
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Cited from Authors where well marked Symptoms of Pleurisy were induced, by the presence of worms or other irritating matter in the stomach and intestines. In what manner the symptomatic affection of the pleura is brought on by the irritation of the stomach and bowels, seems difficult to determine, unless it be accounted for by that intimate sympathized connexion which subsists between the stomach, and all the most important organs of the system. But it is certain that this crural pain, which we have no reason to believe proceeds from inflammation at an early period of the disease, is occasioned by the irritation of the *prima via*, as is clearly demonstrated by the fact, that remedies directed to the removal of the offending and irritated matter from the stomach and bowels, seldom fail to effect a cure if taken in the commencement, whilst.

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whilst those directed to the pain itself, as in idiopathic affection are never known to effect the object of their exhalation.

Now when this pain in the side, is the effect of irritation of the primæ viæ caused by Bile, it constitutes the compound disease of which we are speaking, the most appropriate name (for which, appears to be *Pneumonia biliosa*), and is therefore, the only one which I shall retain. *Causes* — That the same cause which operates in producing bilious fevers, (or *marsh effluvia*) is principally concerned in the production of *Pneumonia biliosa*, appears evidently from three facts. 1. That the disease is most prevalent in situations, (if not entirely confined to them) which are suited to the production of *marsh miasmata*. For instance, in places which are flat and swampy, such as the low lands on the river courses, and on that account, subject to

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to the influence of miasma, when the heat of the sun becomes sufficient to cause its evolution, the Inhabitants are annually afflicted with bilious fevers. It is in such situations, that Pneumonia biliosa is known to make its ravages, when the weather becomes sufficient-  
 -ly cold, or its changes sufficiently sudden, to induce the pleuritic symptoms. And in such situations, when there has been but little sickness during the fall, (unless a greater number have acquired a predisposition, without having pleased excited) the ensuing winter disease is seldom even sporadic, and never epidemic. It is known too, that persons of a bilious diathesis, who<sup>re</sup> most liable to attacks of fall fever, are most obnoxious to pneumonia biliosa. - Moreover, persons who have suffered from the prevailing fever of the fall, and have been perfectly cured, by copious evacuations of Bile, are

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are seldom attacked by the subsequent winter disease, - whereas individuals who have wanted proper vaccinations, but have not with standing recovered, with a remaining febricular, or lurking predisposition to disease are of all others, most frequently attacked by bilious fevers.

It may appear somewhat unaccountable to many, that this bilious tendency which was excited in the fall, and has been stated above to be the remote cause of the winter disease, should not during the autumnal months terminate in bilious fever. And that after the cold weather has put an end to the unwholesome condition of the atmosphere, it should still remain long in the system, without displaying its effects. Without entering into further explanation, it need only be said, that many persons are known from their unhealthy aspect, occasional loss of appetite, head-ache, slight pains in different parts



parts of the body &c; to war with them strong, but  
 the pale a constant tendency to disease without  
 having power excited, and that the unhealthy  
 condition, induced in the chylepoietic viscera,  
 does continue the same, notwithstanding the cold  
 weather. It is certain then that the morbid  
 Condition of the System, constituting a predisposition  
 to disease, may, during the autumnal and even  
 winter months, remain in the system unperceived,  
 when, like a secret and insidious foe, it lurks  
 in deceitful quietude, till an exciting cause  
 arouses it to deadly and destructive action.  
 [At that time  
 it prevails] Having seen the manner in  
 which the disease takes place in the system, it  
 may be well to advert to the time of its greatest  
 prevalence. From what has been said concern-  
 ing the remote and exciting Cause, it appears  
 almost a necessary Consequence that it should  
 prevail, whenever the weather becomes sufficiently  
 cold.

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Cold to produce pneumonic affections, - Sporadic  
 cases make their appearance sometimes in the  
 latter part of the fall; but it is not until  
 Cold weather sets in, that it becomes generally  
 prevalent. - Its effect produced on the  
 the system, by a cause operating suddenly, is  
 much greater, than from one, gradually applied.  
 Hence it is, that the disease is more universally  
 felt, when the changes are sudden, than  
 when the weather is uniformly and continued-  
 ly cold. - And the cases which occur when  
 the air is not affected by such changes, may,  
 in most instances be attributed rather to  
 sudden exposure, than to its low degree of  
 temperature. - When the fall fever has been epi-  
 demic, or the succeeding winter subject to  
 frequent oscillations, we may expect the  
 disease to be very prevalent. - But it is when  
 both co-operate that it displays itself in all.  
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its violence, and does the work of death with epidemic fury. As the disease is brought on more by sudden vicissitudes than, low temperature, it follows, that it must be most prevalent in the early part of the spring, unless the winter has been affected by frequent changes --

<sup>In what relation</sup>  
<sup>lies it, however</sup> After what has been said concern-  
ing the effect of marsh effluvia, and the nature  
of this disease, I need scarcely state that it must  
be chiefly prevalent in situations suited to  
their production. And in the vicinity of such  
places; for marsh miasma is known to spread  
itself to a considerable distance from the  
place of its production. It is on this account  
that persons residing in situations which are  
considered healthy, but in the immediate neigh-  
-bourhood of flat grounds, are during the win-  
ter seldom affected with *Pneumonia vera*, they  
either contract a bilious predisposition in the

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unhealthy places, or the effluvia is in a degree  
susceptible to them.

After stating that the disease prevails  
in situations, exposed to the effects of miasmata,  
it is unnecessary to multiply examples. But  
this part of the subject, leads me to speak  
of the medical topography of the country in  
which I reside, and to make a few remarks  
relevant to Bilious Plurisy, as it is known  
with us.

The town of Port Royal is situated  
on the south side of the Rappahannock river,  
on an extensive plain, of the most fertile  
soil and luxuriant growth. This plain extends  
at the back of the town to the distance of a  
mile, where it meets with a range of hills which  
stretching nearly in a semicircular direction, with  
more nearly encompass the plain below. On either  
side of the town there is a creek, which arising  
from,



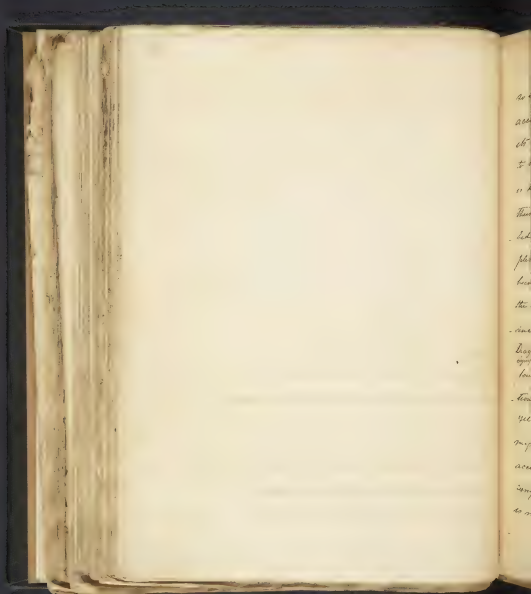
from the surrounding hills, and inclining in this  
 course finally met the river at the distance  
 of half a mile from the town. — One of these  
 creeks was formerly, completely covered by trees  
 and undergrowth, and the town was at that  
 time resorted to as a healthy situation. — But  
 some years ago one of our most-enterprising and  
 enlightened agriculturists, cleared the trees  
 which covered the creek and its marshes from  
 the sand, with a view to drain its bed. This  
 was successfully done for a considerable ex-  
 tent, by running two dams across, to prevent  
 the influx of beds from the river, enclosing  
 thus a large body of water which was ren-  
 dered stagnant. — From this description it  
 is plain to every one acquainted with the  
 pathology of bilious fevers, that no country could  
 be better calculated to produce them, and  
 accordingly, ever since the exposure of the creek  
 — and



and its marshy beds the town and its immediate neighbourhood, have suffered annually from fevers of a most violent and intractable nature. After a fall when disease has been almost universally disseminated, (as is now frequently the case,) a large number of the inhabitants must remain predisposed; and therefore liable to Pneumonia biliosa when the cold weather commences. And as the weather here is very liable to sudden vicissitudes, during the winter and spring months, the number affected with this disease is often very considerable.

<sup>When most</sup> <sup>liable to its</sup> <sup>attacks</sup> As a general statement, it may be said that the persons most liable to its attacks, are such as from neglect or inability to procure assistance, have not been properly cured of the fall fever; and such as from the nature of their vocations are most exposed to the exciting causes. Of these, old persons are not

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so liable to the affection, from having become acclimated to the country, and habituated to its diseases. Children are not much exposed to the exciting Causes, and even if they were, it is known, that the gradual development of their organs, renders them less susceptible of morbid impressions. It is in men of strong and plethoric habit, and in strangers, who have been exposed to our autumnal diseases, that the complaint is found in its greatest violence.

Diagnosis <sup>symptoms</sup> Plethoric & Pneumonia heliosa may be found to exist in almost every grade of action, between typhus fever and a high synocha; yet the Diagnosis is not so difficult as might be supposed. It may generally be accurately distinguished from other cases of symptomatic Pneumonia, with which there is most danger of confounding it, by consid-  
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-ering attentively the various symptoms which indicate the presence of bile in the prima via, and by ascertaining that the patient has been formerly subject to bilious affections.

The pleuritic symptoms in high and black situations, and in negroes, it is true, sometimes predominate to a very great degree over the hepatic, so as much to resemble Pneumonia vera. But it may be distinguished from this, by these appearances. The tongue in pneumonia biliosa although sometimes white at the commencement, is almost in every case, even in the incipient stage tinged with yellow, which inclines to deeper hues as the disease progresses, whereas in pneumonia vera it is white. - The bilious pneumonia, on account of the disordered state of the stomach, is uniformly marked by violent head ach, nausea, loss of appetite, vomit-  
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of the epigastrium, with pains in different parts of the body as in bilious fever, and these symptoms are known not to characterize pneumonia vera. - In pneumonia vera the fever is a high synocha, - no bilious flux, - nor it most commonly assumes the remittent form, with exacerbations and remissions. And the urine in this complaint is deeply coloured with bile. When the bilious symptoms are most prominent, this disease is readily distinguished from a bilious remittent, to which it bears some resemblance, by considering the exciting cause, the season at which it occurs, and the presence of pain in the side, with dyspnea and cough. -

[For further symptoms] Should the attack be milder and slow in its approach, the head aches slightly, respiration free, with early expectoration, and slight pain in the side, we may expect the -

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disease to yield readily to proper evacuations. But when it comes on suddenly, and with violence, as is sometimes the case, the attack having having been preceded by belated, faster, narrower, whining, and serous of the right hypochondriac region, extending up the side to the shoulder. And succeeding these, violent head-ache, short, great pain of the side, with dyspnea and cough, difficult or late expectoration and restlessness, the event must be considered extremely doubtful, but even such cases have been known to yield to proper treatment.—

Treatment] The general plan of treatment here, should be a combination of that suited to the belated symptoms, and the treatment of the local pleuritic affection. I shall speak first of Bloodletting, because when indicated, it is the first remedy which should be applied.

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-bled, in most instances, as it facilitates, or renders safe the operation of the most important subsequent remedies. And although it has not been considered the principal depressant in this complaint, it is certainly in most cases, an indispensable auxiliary, and is therefore equally entitled to the first place in our consideration. Hence it requires the most judicious management, and is therefore more frequently, improperly used than any other remedy.

It is not surprising, that such difference of opinion concerning the use of this remedy, should prevail among practitioners, when we reflect, that in different climates seasons and situations the liability of the pulmonary organs to take on inflammation will be different - and we know that the sooner the inflammatory symptoms supervene, the earlier should blood be drawn; and  
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the more effectual is the remedy. By consulting different authors it may be found that this disagreement has always existed, concerning the propriety of venesection in bilious jaundice.

Cullen in speaking of it says, "that such was the rapid progress of these mortal pleuritis, that if any of them survived the seventh day, it terminated entirely owing to bleeding," and that after having tried many other plans of treatment, he found that copious bloodletting and proper evacuations were the most effectual remedies. Others have asserted, that it was improper only at the commencement, probably, because they bled before there was inflammation. Sydenham is stated in the Edinburgh medical essays, "that in this disease which frequently occurred in Fife," when bloodletting was sometimes used very sparingly, and sometimes very copiously, and afterwards repeated with frequent intervals.

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-sweats, leucorrhoea, and expectorations, the patients generally recover. Such opinions can not be reconciled without supposing some difference in the prevailing nature of the disease. -

That bleeding, when practiced very early in this complaint - should in many cases fail to afford relief is not to be wondered at - for we have reason to believe that many draw blood before there is really inflammation - since the febrile symptoms make their appearance, accompanied by a sympathetic pain in the side, in some cases a considerable time before there is real inflammation. The proper time for bleeding is whenever the pulse indicates the actual existence of inflammation, by its tense and hard beat, and the sooner it is done then, the better.

The disease here is commonly not so inflammatory as it is found in some of the North-west  
(see also)



and excited state, and partakes more strongly  
 of the bilious diathesis. Hence it is, that bleed-  
 -ing is often carried too far and the system  
 becomes prostrated, and unable to bear the ex-  
 -citations necessary for the removal of the offending  
 and retained matter, from the stomach and  
 bowels. It is for this reason that the blood should  
 be drawn as soon as possible after inflammation  
 is induced, and even then, it should be slow-  
 -ly, and cautiously taken. The Quantity should  
 be regulated by the effect on the pulse, mean-  
 -ing, that the remedy is hazardous, after it  
 becomes soft and weak. And the practi-  
 -tioner will now be directed in his judg-  
 -ment, by his knowledge of the extent to which  
 his bilious organs are involved, for when much  
 is to be effected by evacuations, from the vena-  
 -lous canal, it would certainly be improper to  
 detract too largely from the circulation—

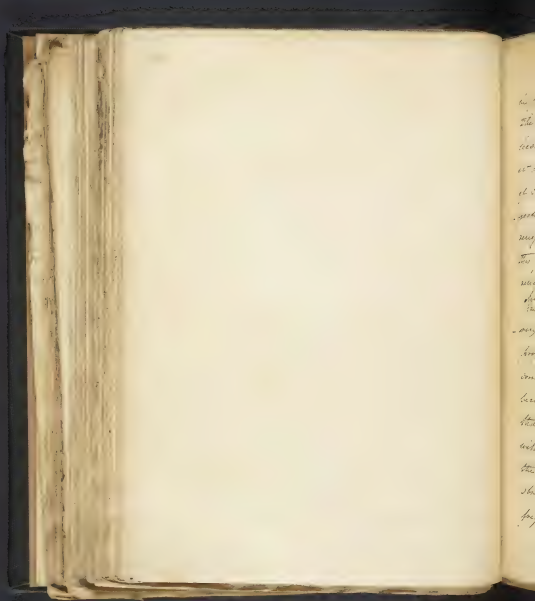
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The pulse in this disease it is true, is very variable some affords, perhaps, its most indications than in many others. It has been said "In inflammation pulmonum inflammatoribus, visum nimium fidenter decipimur." But although it may be a worse criterion in this regard than in most others, it still appears to me, to be the best we have, at least as far as regards letting blood, or letting it alone.

It may be stated generally that the disease admits of but little bleeding in this state; frequently of not more than one. But in some few cases it assumes the most violent inflammatory appearance, and then it becomes necessary, to detract more fully, from the circulation. When the patient, through the becomes so far exhausted as to forbid the further use of general bleeding; the chief reliance for the reduction of the inflammation is to be

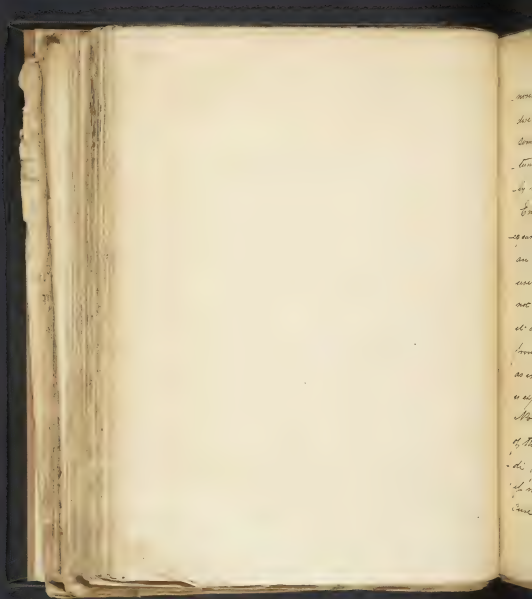


be placed in topical depletion, and blisters.

The depletion may be performed by cupping or leeches. Many have erroneously contended that it does not diminish the *vis a tergo*, but even if this were true, it certainly opens the congestion of the part, and thus affords great relief. Blisters have always been used in this affection, but they do not afford as much relief as in *hemorrhoides verae*.

[*hemorrhoides verae*]  
The blood drawn in blisters, always assumes various appearances as the *hemorrhoides verae*. It is then generally found at first immencement, and the draught soon becomes very much coagulated. Coughen states that he found of two a pale yellow crust, with around of the same complexion; and the same appearances are frequently to be observed with us. But the changes are very frequent, and I do not know that the pro-

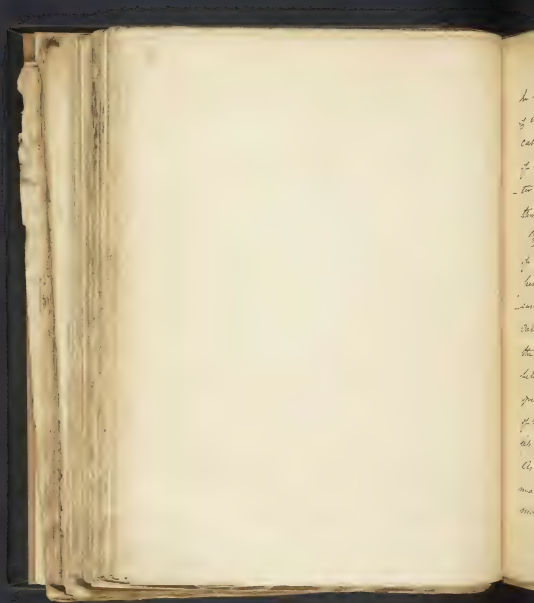
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ness is much abated by them. When the disease is very far advanced however, there is sometimes no separation between the cramp-like and tonic and tonic, and then there is occasionally no hope of a recovery. —

[Emetics] After irritating, if it has become necessary, the next remedy applied should be an emetic if nothing contraindicates its use. The violent pains in the head need not be regarded in its administration, as it does not proceed from the brain, but from the disordered state of the stomach, as is known from the sudden relief which is experienced after the operation. —

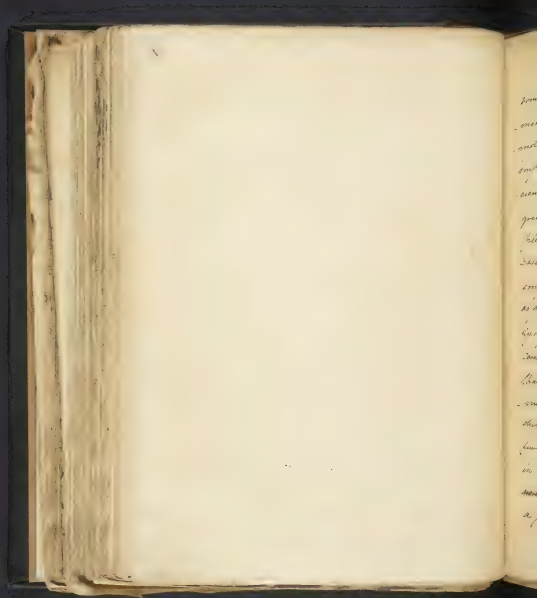
No one acquainted with the pathology of this complaint, and the modes of action of Emetics, can deny that they perform if not the most important office in the cure, at least one which is indispensable.  
In



In the first place, they evacuate the stomach of its noxious contents, and prepare the way for cathartics, And when we consider the danger of a retention of retained or oppressed matter in an organ of such extensive influence, this effect must be esteemed of great value.

By their effects on the stomach a relaxation of the uterine vessels is brought about, whereby menstruation is induced, which in this disease, is a result very desirable, and highly salutary. Professor (Hagman) after speaking of the very intimate connection which subsists between the stomach and head, and the great utility of emetics in treating affections of the latter, says, "Nor perhaps, have they a less striking affinity to the pulmonary organs." As soon as vomiting takes place, we may remark a copious flow of saliva, and a discharge more or less from the bronchiae, which, when

(Vomiting)





vomiting is induced, becomes considerably  
 mented. In this way expectoration is pro-  
 moted by them, and an indication of high  
 embolance resisted. Such effects are suffi-  
 cient to convince us that emetics are of the  
 greatest utility in the treatment of various  
 bilious, and accordingly there are many  
 cases said to have been cured by their sole  
 employment. They may be given as early  
 as possible, unless hindered by the rebels, or other  
 humors; for instance, bleeding should in such  
 cases, be preceded. It seldom happens here,  
 that emetics may not be given in the con-  
 summation, and even frequently repeated  
 during the complaint; but there are some  
 few cases, in which the high state of action  
 in the lungs and liver, seems to forbid their  
 use. When a full dose is contraindicated  
 a good effect may be derived from small  
 portions.

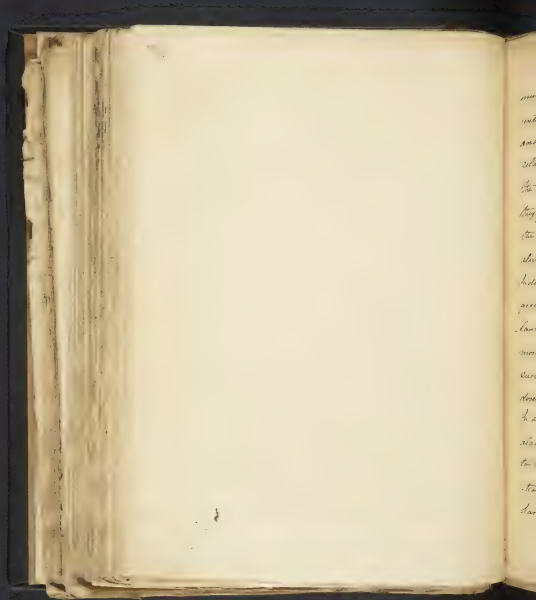
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corrosive administration so as not to excite vom-  
iting. I treated a case this spring, where the  
patient who was a strong labourer, had been  
neglected for some time before I saw him. At  
the time in the Spleen was violent. I cautiously  
drew about 25 ℥ of blood, the top of which he  
lost badly; and the heart appeared so much  
enfeebled in its action, as to demand stimu-  
lants. I placed the chief reliance on small  
portions of tartar emetic in combination with  
Salomel and Camphor. This aided by opi-  
-vents, expectorants, and the local treatment  
of the Spleen, afforded him relief and he  
recovered in a short time. — The symptoms  
of the bile vomited in this disease are much  
the same as in bilious fevers.

[Cathartics] When arterial action has been reduced  
by bleeding, and the prima via cleared by an  
emetic, the next remedy which would be most  
(naturally)

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naturally be suggested is, a cathartic; and undoubtedly, no remedy can be more strongly indicated. In making a proper selection, it should be remembered, that the condition of the alimentary canal is much the same as in bilious fevers. Doctor Cooke of Virginia states, that the treatment necessary to recovery, shewed that the disease was the same with that which prevailed in the summer, with the addition of the pleuritic symptoms; And that he always found purging as necessary as it was before cold weather, and the evacuations of the same colour and consistency. — As the morbid condition of the hepatic apparatus, causes a retarded secretion which must be made to assume a natural appearance before a cure be accomplished, it is evident, that the most important article of this class is Calomel, (which,



must be given, either alone or in combination, until this effect is produced. The neutral Salt and Salap, so useful in *jaundicia vera*, seldom answer a good purpose here, except in the more inflammatory cases. The depletion they produce from the bloodvessels increases the debility, and a exhaustion, which are almost always prominent features in this Malady. Indeed there are many cases where there is so great a prostration of the vis Vita, that Stimulants seem to be required from the beginning, almost to the exclusion of depletory measures. In such cases slow bleeding, by Calomel in broken doses, is productive of an admirable effect. In some cases where the typhoid symptoms were alarming, I have known the Camphorated Sulep to be given from the commencement, and although the pleuritic affection was destroying, no harm was found to result from its use.

(Continued)

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Done

July 18

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L-Val-Phe

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1. *Staph.*

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Obstinate Constipation sometimes occurs in this disease; it may be removed by Cathartics, aided by Emetics containing about ʒij of Gum Acacia. In very obstinate cases we should resort to Calomel, with a view to its alterative effects. Mercurial <sup>purgatives</sup> should be used, to assist ~~the~~ <sup>the</sup> accomplishment of the same object.

*Anodynes*. The only preparation of this kind, which can be used with propriety in pneumonia *betiosa*, is the pulvis Doveri, which may be given with good effect, in the dose of twelve or fifteen grains, when there is much restlessness or cough at night. In most cases it is best to unite with it a small portion of Calomel.

As an expectorant, a combination of the Symplic. Scilla, Sp. natri deliquescent, and mucilage of G. arabic, answers remarkably well, and is perhaps as good as any other preparation. It should be taken *pro re nata*.

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during the complaint. When the patient is convalescent, *Serpentaria* combined with bark is well suited to his condition. It keeps up a gentle and salutary action on the skin and extremities, and acts as a wholesome stimulant, to an exhausted system.

I have now given the best description in my power of the leading characteristics, and treatment of bilious pleurisy. Briefly, because the limits of this essay do not admit of wider expansion. Conscious of its imperfections, and anxious to be corrected when I have erred, I submit it to the consideration of individuals engaged in the direction of the sublimest study of the human mind; whose labors, their pupils must ever remember with delight, and whose names, afflicted mankind shall recite, with admiration and gratitude.

